

032204
20764 U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	TC00040 D01	
	First Inventor:	Bernard Weisshaar et al.	
	Title:	SERVICE FRAMEWORK WITH LOCAL PROXY FOR REPRESENTING REMOTE SERVICES	
	Express Mail Label No.:	EV445350943US	

10/805878
10/228864
PTO 032204

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate <small>(Submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small> 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="56"/> <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="11"/> 5. Oath or Declaration		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> IDS <input type="text" value="0"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____ _____			
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76 18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. <input type="text" value="09/663,278"/> Prior Appl. information: Examiner: Andrew T. Caldwell Group/Art Unit: 2151			
<small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23330	or <input type="checkbox"/> Correspondence address below
Name	Kevin D. Wills		
Address	Motorola, Inc. – Law Department		
	3102 North 56 th Street		
City	Phoenix	State	Arizona
Country	U.S.A.	Telephone	602-952-4399
Name	Kevin D. Wills		Registration No. 43,993
SIGNATURE	<i>Kevin D. Wills</i>		Date March 22, 2004

**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

Complete if Known			
Application Number			
Filing Date			
First Named Inventor		Bernard Weisshaar	
Examiner Name			
Group Art Unit			
TOTAL AMOUNT OF PAYMENT		(\$ 806.00)	
		Attorney Docket No.	
		TC00040 D01	

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number 502117</p> <p>Deposit Account Name Motorola, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. 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Wills</td> <td colspan="2">Registration No.</td> <td colspan="2">43,993</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2"><i>Kevin D. 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